

## State of New Hampshire 2006 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 293-A:16.22. REPORT DUE BY April 1, 2006

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 02/25/2006
Business ID: 193495
William M. Gardner

Secretary of State

ADDRESS OF PRINCIPAL OFFICE:

## R & J 2100 CORPORATION 2040 LAFAYETTE RD PORTSMOUTH , NH 03801

O.	RTSMOUTH, NH 03801		2040 LAFAYETTE RD	
	ENTITY TYPE: CORPORATION	l,	PORTSMOUTH, NH 03801	
			REGISTERED AGENT AND OFFICE:	
			STEVEN E PARKER FELD ESQ	
	STATE OF DOMICILE: NEW HAMPSHIRE			
	FEDERAL ID: 020465226		76 BOW ST , PO BOX 4471	
	REAL ESTATE MANAGEMENT SERVICES OF EVERY KIND & DESCRIPTION		PORTSMOUTH, NH 03802	
	If changing the mailing or principal office address, please	e check the appr	opriate box and fill in the necessary information.	
2	The new mailing address			
	The new principal office address			
	PO Box	is acceptable.		
	OFFICERS		BOARD OF DIRECTORS	
	NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  (MUST LIST AT LEAST ONE OFFICER BELOW)  A		NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  (MUST LIST AT LEAST ONE DIRECTOR BELOW)	
	PRES. Jorge Larenas	DIR.	Jorge Larenas	
	STREET 2040 LAFAYETTE RD.	STREET	2040 LAFAYETTE RD.	
	CITY/STATE/ZIP Portsmouth NH 03801 CITY/STATE/ZIP Portsmouth NH 03801		ΓΕ/ZIP Portsmouth NH 03801	
	SEC'Y. Roderick E McLaughlin	NAME		
3	STREET 2100 LAFAYETTE RD	STREET		
	CITY/STATE/ZIP Portsmouth NH 03801	CITY/STAT	ΓΕ/ZIP	
	NAME	NAME		
	STREET	STREET		
	CITY/STATE/ZIP	CITY/STAT	ΓΕ/ΖΙΡ	
	NAME	NAME		
	STREET	STREET		
	CITY/STATE/ZIP	CITY/STAT		
	NAMES AND ADDRESSES OF ADDITIONAL C	OFFICERS AND	DIRECTORS ARE ATTACHED	
4	To be signed by an officer, director, or any I, the undersigned do hereby Certify that the statements on this  Sign here:  JORGE LARENAS  Please print name and title of signer: JORGE LARENAS		to the best of my information, knowledge and belief.	
	Please print name and title of signer:  NAME		/ PRESIDENT TITLE	
	FEE DUE: \$100.00 E-MAIL ADDRESS (OPTIONAL):			
000000	FEE DUE: \$100.00 E-MAIL ADDRESS (OPTIONAL):			

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE RETURN COMPLETED REPORT AND PAYMENT TO: